Docket No.: 487. 1076

## **DECLARATION AND POWER OF ATTORNEY**

	v named inventor, I hereby decla nce, post office address and citiz		ext to my name	•			
I believe I	am the original, first and sole in	ventor (if only one name is lis	sted below) or an o	riginal, first and joint inventor (if plus	ral names are liste	d below) of	
the subject one)	t matter which is claimed and fo	r which a patent is sought on t	the invention entit	led: Top for a convertible vehicle, the	ne specification of	which (check	
_	is attached hereto						
_	was filed on as Application Serial No and						
<u>x</u>	was amended on (if applicable).  Liberally mitherize and request our attempts, Position & Vennel LLC of 4% Secret Assertion 14th Floor New York 19918						
	X I hereby authorize and request our attorney, Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, 14th Floor, New York, New York 10018 to insert here in parentheses (Application number, filed) the filing date and						
	application number of said application when known.						
		erstand the contents of the ab	oove identified spe	cification, including the claims, as am	ended by any am	endment	
referred to						~ ~	
I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, 1.56.							
	•	ler Title 35 United States Cod	de '119 of any fo	reign and/or provisional application(s	) for natent or inv	entor's	
				cation for patent or inventor's certification			
	application on which priority is			•			
	RIOR APPLICATION(S)  102 40 759.2 Germany		A		Priority	claimed	
(Number)	759.2	Germany (Country)		August 30, 2002 (Day/Month/Year Filed)	X Yes	No	
(INDITION)		(Country)		(Day/Mondy Fear Fried)	1 65	140	
						_	
(Number)		(Country)		(Day/Month/Year Filed)	Yes	No	
Code, '11		close material information as	defined in Title 37	e manner provided by the first paragra , Code of Federal Regulations, 1.56 application:			
(Application	on Serial Number)	(Filing Date)		(Status) (patented, pending, abandon	ned)		
(Application	on Serial Number)	(Filing Date)		(Status) (patented, pending, abandon	ned)		
And I hereby appoint Clifford M. Davidson, Registration No. 32,728, Leslye B. Davidson, Registration No. 38,854, Cary S. Kappel, Registration No. 36,561, William C. Gehris, Registration No. 38,156, Julie L. Bowker, Registration No. 37,870, Morey B. Wildes, Registration No. 36,968, Robert J. Paradiso, Registration No. 41,240, Scott L. Appelbaum, Registration No. 41,587, Cynthia R. Moore, Registration No. 46,086 and David Knasiak, Registration No. 45,991 my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Full name of sole or first			Full name of joint				
Inventor OBENDIEK Klaus			Inventor, if any				
			•	•			
Inventor's signature			Second Inventor's signature				
Date			Date				
Citizenship Germany			Residence Citizenship				
Citizenship German Post Office Address: Oberer Sand 15			Post Office Address:				
	94032 Passau, Ge	many					
Full name of joint			Full name of joint				
Inventor, if any			Inventor, if any				
Third I	ventor's signature		Equath Insurant	orlo niamotora			
Third Inventor's signature			Fourth Inventor's signature Date				
Date			Residence (city) (state or country)				
Citizenship			Citizenship				
Post Office Address:			Post Office Address:				